

**TRUSTLINE TO COMMUNITY CARE LICENSING  
CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

ATTN: CAREGIVER BACKGROUND CHECK BUREAU(CBCB)

**A COPY OF YOUR CALIFORNIA DRIVER'S LICENSE OR A VALID PHOTO IDENTIFICATION ISSUED BY ANOTHER STATE OR THE U.S. GOVERNMENT MUST BE SUBMITTED WITH THIS TRANSFER REQUEST.**

PLEASE TYPE OR PRINT LEGIBLY	DATE:
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**PLEASE ASSOCIATE THE FOLLOWING TRUSTLINE REGISTRANT:**

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS:	CITY	STATE	ZIP CODE:
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CA DRIVER'S LICENSE #:	DOB:
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TRUSTLINE REGISTRANT ID#:	SSN: (OPTIONAL)
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**TO THE FOLLOWING LICENSED FACILITY:**

NAME OF FACILITY:	FACILITY NUMBER:
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STREET ADDRESS:	CITY	STATE	ZIP CODE:
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**TRANSFeree ASSOCIATION TYPE**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Corporation Board Member  | <input type="checkbox"/> Employee           | <input type="checkbox"/> Certified Home     |
| <input type="checkbox"/> Licensee/Applicant     | <input type="checkbox"/> Non-client Adult Resident | <input type="checkbox"/> Partnership member | <input type="checkbox"/> Spouse of Licensee |

***I declare under penalty of perjury that the information provided on this application is true and correct. I understand that any false statements may result in the denial or revocation of my license and/or TrustLine Registration.***

SIGNATURE	TITLE (APPLICANT, LICENSEE, ADMINISTRATOR, DIRECTOR)
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**FOR LICENSING USE ONLY**

CII Cleared?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FBI Cleared?	<input type="checkbox"/> YES <input type="checkbox"/> NO	CACI Cleared?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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CBCB OR COUNTY EMPLOYEE SIGNATURE	DATE
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**COUNTY LICENSING OFFICES CAN VERIFY THE STATUS OF TRUSTLINE REGISTRANTS BY CALLING****(916) 324-4029.**